

<b>POTENTIAL HAZARDOUS WASTE SITE SITE IDENTIFICATION ("DISCOVERY")</b>		I. IDENTIFICATION	
		01 ST WA	02 SITE NUMBER SFN1002171
<b>II. SITE NAME AND LOCATION</b>			
01 SITE NAME (Legal, common, or descriptive name of site) Columbia River RM 620 to 597		02 STREET, ROUTE NUMBER, OR SPECIFIC LOCATION IDENTIFIER Between River Miles 620 & 597	
03 CITY Coulee Dam	04 ST WA	05 ZIP CODE 99116	06 COUNTY Grant
		07 CO CODE 025	08 CONG DIST
09 DIRECTIONS TO SITE (Starting from nearest public road, enter up to 4 lines of text)			
<b>III. RESPONSIBLE PARTIES</b>			
01 OWNER (If known)		02 STREET (Business, residential, mailing)	
03 CITY	04 ST	05 ZIP CODE	06 TELEPHONE NUMBER
07 OPERATOR (If known and different from owner)		08 STREET (Business, residential, mailing)	
09 CITY	10 ST	11 ZIP CODE	12 TELEPHONE NUMBER
13 TYPE OF OWNERSHIP (Mark one; use "insert" mode)			
<input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER (Specify) <input type="checkbox"/> G. UNKNOWN			
<b>IV. HOW IDENTIFIED</b>			
01 DATE IDENTIFIED 8/30/99 (Month/Day/Year)	02 IDENTIFIED BY (Mark all that apply; use "insert" mode)		
	<input type="checkbox"/> A. CITIZEN COMPLAINT <input type="checkbox"/> B. INDUSTRY <input type="checkbox"/> C. STATE/LOCAL GOVERNMENT <input type="checkbox"/> D. AERIAL RECONNAISSANCE <input type="checkbox"/> E. RCRA INSPECTION <input type="checkbox"/> F. SURFACE IMPOUNDMENT ASSESSMENT <input type="checkbox"/> G. OTHER EPA IDENTIFICATION <input checked="" type="checkbox"/> H. OTHER (Specify) PA petition submitted by Colville Tribes		
<b>V. SITE CHARACTERIZATION</b>			
01 TYPE OF SITE (Mark all that apply; use "insert" mode)			
<input type="checkbox"/> A. STORAGE <input type="checkbox"/> B. TREATMENT <input type="checkbox"/> C. DISPOSAL <input type="checkbox"/> D. UNAUTHORIZED DUMPING <input type="checkbox"/> E. OTHER (Specify)			
02 SUMMARY OF KNOWN PROBLEMS (Provide narrative description, enter up to 6 lines of text)			
03 SUMMARY OF ALLEGED OR POTENTIAL PROBLEMS (Provide narrative description, enter up to 5 lines of text)			
<b>VI. INFORMATION AVAILABLE FROM</b>			
01 CONTACT Monica Tanel, SAM	02 OF (Agency/Organization) EPA		03 TELEPHONE NUMBER (206) 553-0323
04 PREPARED BY Monica Tanel	05 AGENCY EPA	06 ORGANIZATION Superfund Program	07 TELEPHONE NUMBER (206) 553-0323
		08 DATE (Month/Day/Year) 10/5/99	

